

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	9/14
O.I.P.E. CLASSIFIER		7/2	9/15/99
FORMALITY REVIEW	M.M.	71625	9-21-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	6/10/99
2	6/10/99
3	6/10/99
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50	6/10/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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